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TREATMENT OF GANGRENE OF THE LUNGS.

[SEVERAL very interesting cases of this disease are reported in the last No. of the American Journal, by Dr. Gerhard, of Philadelphia. The following are his general remarks upon the treatment.]

*Treatment.*—In no disease are the therapeutic indications more clearly defined than in gangrene of the lungs. The different stages of the affection are so well marked, and differ so widely from each other, that there is little risk of erring in the treatment, appropriated to each condition of the disease. In the treatment, the most important distinction is between the gangrene itself and the secondary pleurisy resulting from it.

Gangrene occurs in exhausted subjects, either affected with diseases calculated to weaken the powers of the system or enfeebled by a life of intemperance. There are sound exceptions to this rule; but one occurs among the preceding cases; it is that of the woman who was taken ill after working in a damp and cold apartment filled with the deleterious fumes of lead. The circumstances, therefore, under which the disease originates, as well as the evident absence of fever and the exhaustion of the patient, indicate the necessity of a tonic and supporting treatment. Wine, the preparations of cinchona, with nutritious broths, and other articles of animal food, are required; to these remedies, opium should be added to allay the paroxysms of coughing. I have never used ipecacuanha, but if emetics should become necessary to assist the expectoration, this medicine is evidently more appropriate than the tartarized antimony or other debilitating remedies. The solution of the chloride of soda seemed useful, but it was used with some reserve from the fear of disordering the stomach.

The inflammation of the pleura and of the pulmonary tissue, which attends or rather follows the gangrene, requires a special treatment. When this inflammation is severe, the disease is of a more inflammatory type than it is in most cases, and is relieved by a bleeding, or, which is still better, by free application of cups to the side affected. Blisters were also of unequivocal advantage, and were more effectual in diminishing the pain of the consecutive inflammation than any other remedy. In short, the pleurisy was relieved by the treatment usually directed when it occurs without previous gangrene of the lungs. It is necessary to recollect that in gangrene of the lungs, prostration takes place more easily than in most other diseases, and that the treatment which is most useful

in relieving the secondary inflammation, may aggravate the tendency to gangrene unless conducted with much discretion. The same necessity for the exercise of discrimination on the part of the physician, exists in gangrene as in pulmonary consumption. In both these diseases there are two principal indications; one is to check the progress of the original affection by a supporting treatment, the other to arrest the symptoms dependent upon the secondary pleurisy. Yet, singular as it may seem, gangrene of the lungs is still treated by some practitioners as if it were an active inflammatory disease, to be cured by bleeding and restricted diet, instead of tonics and nutritious food.

#### ON THE NATURE AND TREATMENT OF CALCULOUS DISEASES.

BY BENJAMIN W. DUDLEY, M.D. LEXINGTON, KY.

[Continued from page 169.]

THE lateral operation being preferred to all other methods of treating calculus in the bladder by surgeons generally, it is desirable that equal concurrence should be had in the manner of its execution; and that the form and character of the instruments for the different parts of the operation should be similar, in order to secure equal success among all competent operators. Even the position of the staff at the moment of making the external incision is worthy of particular regard. Mons. Dubois, recently of L'Ecole de Medicine, one of the most distinguished operators of any age or country, used the same knife for the external incision, and also for making the opening into the bladder; an instrument differing from the ordinary scalpel only in being somewhat larger and longer. Most modern surgeons use the knife to make the incision into the bladder, which is variously formed to meet their particular views of appropriateness; while many have condemned the gorget as an instrument better suited to the timid operator, and to those who are deficient in anatomical knowledge. The bistouri caché is a favorite instrument with some for the purpose of opening the bladder.

Sir A. Cooper, on one occasion, proposed to perform the operation of lithotomy in the presence of a large class, with the bistouri caché, but after springing the blade in the bladder, he commenced its withdrawal with the cutting edge turned to the symphysis pubis. As soon, however, as he discovered what was done, he cautiously withdrew it from the wound, cast it from him, and advised the class never to use an instrument of that description.

Sir A. Cooper's knife, a long slender scalpel with a beak at its extremity, fitted to the grooves of the staff, is an instrument known to most surgeons in this country; while some prefer it to all others for making the incision in the bladder. After making satisfactory observations upon the various methods of opening the bladder, I have become satisfied with the superiority of the gorget of Mr. Cline, an instrument preferred to any other, and therefore recommended by Mr. Abernethy in his lectures. Besides the accident which happened to Sir A. Cooper

with the bistouri caché, the most elegant operator, and the first surgeon of his age, the danger in springing the knife in the bladder, of wounding parts not necessarily involved in the operation and fatal to the patient, constitutes a sufficient reason for its rejection. The liability to quick and sudden contraction of the bladder upon entering it with the bistouri, endangers its being wounded in its fundus, or side, before the movement is made with a view to the division of the neck; and this objection may be urged in part against all the knives that are commended by different surgeons, as well as the *bistouri caché*.

When a surgeon has a piece of anatomy fairly exposed to view, upon which a certain operation is to be performed, the superiority of the scalpel cannot be rationally contested. But when the neck of the bladder and the prostate gland, the parts upon which the deeper incision in lithotomy is made, are beyond the sight, nor even accessible to touch, another sense important to the successful execution of the duty of the operator, the case becomes materially changed: and if the bare remoteness from the surface, of the prostate gland and neck of the bladder, those portions of the deeper seated anatomy involved in the operation, presented the only difficulty to the lithotomist, then by exactness in the movement of the hand, the gland and the neck of the bladder might be opened with some safety and success; but in every subject of the disease that comes upon the table, there is more or less variety in the anatomy of the parts concerned in the operation.

In youth as well as in advanced age, in the deep as well as the shallow perinæum, in the feeble as well as the athletic habit, the prostate gland may be preternaturally hard or soft, large or small, firm and resisting, or it may yield before the cutting edge of the knife; a diversity well calculated to give uncertainty to the movement of the cutting portion of the knife which extends beyond the sight of the operator two, three, or four inches, according to the depth of the parts. Thus it is that the lateral surface of the bladder may be opened more extensively than the operator would desire; or the lateral bloodvessels and nerves of the vicinity be divided, which should be guarded against with the utmost caution. The argument for opening the bladder with the knife, that the incision may correspond to the magnitude of the calculus, is of little weight among those whose experience has been extensive in the use of the gorget, and who take steps to protect the general system from the consequences of the shock of the operation. The advantages of a *clean cut, with a fine-edged scalpel*, are in no respect equal to the estimate made by the advocates of the practice; nor is the bruising even to the laceration of the soft parts, by the use of instruments in the extraction of calculi, so much to be feared in its consequences, as those are inclined to imagine, who have formed their opinions from injuries done to other parts of the system. The uninterrupted warm bath in which the wounded parts are kept, by the presence and passage of the urine, maintains them safe under all circumstances where the general system has been attended to, and where the violence done is not such as to destroy all power of reaction.

The immediate causes of death after the operation, are said to be,

either hæmorrhage, mortification, or sudden sinking, as a consequence of the shock. It can scarcely in any case be made to appear that hæmorrhage from those vessels which are *necessarily divided* in the operation, can become a cause of death. When the patient is extremely reduced, and thereby cause is given for such an apprehension, it becomes the duty of the surgeon to postpone the operation until the health and strength are improved; but this great reduction of vigor need scarcely be anticipated in practice. Out of one hundred and forty-five individuals afflicted with the malady who have made application to me for relief, the operation was performed upon all, with the exception of ten; and of this small minority, two only were presumed to be too debilitated to justify the operation; one of these was a gentleman eighty-two years old, the subject of frequent and prostrating hæmorrhages from the bladder; the other a youth in the last stage of hectic fever from disease of the liver and lungs.

In the other eight cases the operation was rejected from different and various reasons. In the first case of calculus wherein I was employed as a surgeon, the transverse perinæal artery, a vessel necessarily divided in the operation, proved to be of such magnitude, that the by-standers conceived it to be the internal pudic, and it became necessary to secure it with a ligature. On several subsequent occasions hæmorrhage from different vessels followed the operation, to an extent that excited some uneasiness; yet the first was the only instance in which a ligature has been applied by me to stop bleeding after the operation of lithotomy.

The bloodvessels about the lateral portion of the neck of the bladder, together with those of the prostate, and bulbous portion of the urethra, but especially the first and last, are more likely to prove troublesome if opened in the operation; and when hæmorrhage occurs from those deep-seated vessels, it is not without difficulty that efficient measures can be adopted to control it. The constant variety in the depth of the perinæum, in successive patients who present themselves for the operation, added to the variable condition of the neck of the bladder and prostate gland, including the enlarged and the indurated, or the relaxed and diminished state of this organ, tends very much to expose these parts to be unnecessarily and dangerously wounded, when the scalpel is selected with a view to open the bladder. A sweep of the knife, the extremity of which is made to perform an arc of a circle in the bladder, with a force applied, sufficient to carry it through a space precisely suited to one patient, might with similar force be quite too extensive for a second, and of insufficient dimensions in a third; and this is his dilemma, whether the surgeon is desirous either that his incision shall correspond to the magnitude of the calculus, or that it shall be of the same dimensions in every case.

To secure uniformity to an operation made with the scalpel on parts not accessible either to the sight or touch, the hand should in every case be at a like distance from the incision to be made, while the parts to be divided must be similar in the resistance they oppose to the edge of the instrument. These are conditions which it is impossible to secure in the operation of lithotomy. Wounded vessels are no doubt inclined to bleed,

more or less, according to the healthy condition of the general system, and of the particular parts, at the time the operation is performed; and from idiosyncrasy one individual is much more exposed to hæmorrhage than another under like circumstances. These facts make it important that the subject for every operation of lithotomy shall be treated by diet and medicine so as to curtail, as far as practicable, the causes of difficulty and danger after it is performed.

Inflammation is represented, and no doubt with great propriety, as one of the most dangerous consequences to this operation. It may be the more immediate result, either of the unprepared state of the general system; of the highly diseased condition of the parts operated upon; of the incautious latitude of the incision through the prostate, and neck of the bladder; of the dressings applied to the wound; or of the mode of confining the patient in bed after the operation is performed. The remarks already made on the importance of a healthy condition of the general system, and especially of the organs involved, as preparatory to all capital operations, renders it unnecessary to add more on that subject.

An uncalled-for extent of incision through the prostate gland and neck of the bladder, besides incurring danger from hæmorrhage, leaves the parts in a condition more exposed to inflammation. According to the extent of the wound in the neck and side of the bladder, will be the liability to infiltration of urine into the cavity of the pelvis, an occurrence that would produce the most destructive form of inflammation. Many surgeons in this, as after all other operations, are accustomed to apply what they may esteem the most appropriate dressings to the wound, a practice, the tendency of which is thought to be scarcely equivocal. The surgeon must desire, so long as the wound in the bladder remains unclosed, that the fluid from its cavity shall have a free passage through the external wound. He could not embrace the practice of maintaining the edges of the wounded bladder separated, with a view to favor the escape of urine. This would be in opposition to the efforts of nature wherein she is often successful in re-uniting the bladder by the first intention: nor can he, as I conceive, consistently with views equally sound, make an application of dressing to the surface, the tendency of which would be to retard or obstruct the discharge of fluids, through the external wound, which may have escaped from the bladder, since such a course of treatment would be favorable to the infiltration of urine. The obvious line of conduct for the surgeon with these reflections before him, is to avoid all dressings, and to maintain the wound in a condition most favorable to the free escape of all fluid not within the cavity of the bladder.

The position in bed for the first two or three days after the operation, is a point worthy of the surgeon's care. Some of the most distinguished operators, and among them Mr. John Bell, placed the patient on the right side, and required him to retain that position as most conducive to safety. It is obvious that the patient cannot be the subject of a constant flow of urine through the wound when lying on the right side, inasmuch as the left side of the bladder is opened; but it is yet to be decided,

whether this position is not most favorable to the escape of urine into the cellular substance of the pelvis.

While the right side of the bladder is progressively filling in this position, the inference is admissible, that the left is drawn off from the corresponding surface of the pelvis; whereby the escape of urine into the cellular substance is facilitated. Impressed with the correctness of these views, I have always required the position on the left side to be scrupulously observed, until from the free and unrestrained flow of urine through the wound, all danger from infiltration has passed away. The exact correspondence between the incision in the integuments, in the perinæum and bladder, is peculiarly favorable to the discharge of the urine when the patient rests on the left side; and after the operation, it generally flows uninterruptedly until the organ begins to regain its powers; hence the advantages of this position over any other. Yet I would not be understood to urge that *position can at all times* preserve the patient free from infiltration. My own observations would reject such an inference, as the following interesting case must exemplify in a very conclusive manner. Steele, a youth of 17, applied to be relieved of calculus in the bladder, with which he had been afflicted for four years. In the meantime he had also been the subject of abscesses of a peculiar character on various parts of his body and limbs, all of which included more or less of needle-like formations of bone. One of these was in a state of maturity at the time of his arrival to be put under treatment. He had also sustained a luxation of the hip-joint three years previous, as represented by himself and his father, occasioned by cramp in the muscles of the hip; and the limb remained three inches shorter than the other.

Being much reduced, he only took one cathartic as preparatory to the operation. When placed on the table and tied in the presence of some of the faculty, and of all the medical class, I was greatly astonished to perceive the left tuberosity of the ischium apparently two inches longer than the right, and its transverse dimensions so much increased, as to occupy most of the space between this bone and the constrictor ani; whereby it became impossible to perform the operation in the usual way. Under these circumstances, and while the assistants were taking their positions, the idea was conceived of making the external incision transverse, and of dividing the common point of insertion for the constrictor and perinæi muscles; which was executed before it was ascertained by those present to be the *only alternative* in performing the operation.

After great labor and difficulty, a calculus measuring about eleven inches in circumference, and upwards of three inches in diameter, weighing nine ounces, was extracted. The violence done to the soft parts by the forceps, the lever, and the calculus, caused the whole of the accelerator muscles, and the bulbous portion of the urethra, to slough and come away; and the bladder which was filled by the calculus, except between the entrance of the ureters and the prostate, being much lacerated by the various efforts made to force the legs of the forcep within its cavity, for the purpose of seizing the stone, suffered extensive infil-

tration, followed by inflammation and sloughing of the cellular substance within the cavity of the pelvis.

The consequences of the operation became manifest in a few days, by occasional discharges of a fluid of an excessively foetid character, consisting of blood, pus, and urine; with swelling, soreness and pain in the lower portion of the abdomen, but especially in the left side just above the groin. The erect posture was found necessary to encourage the escape of this fluid; and when the patient was placed upon his feet, which was done from twice to four times in the twenty-four hours, a gill or more would frequently escape at a time, having a pungency and a fœtor almost without a parallel. On two or three occasions, between the sixth and twelfth day after the operation, and immediately preceding and during the successive sloughs of the soft parts in the perinæum, consisting of muscles, urethra and cellular substance, he became transiently and alarmingly prostrate, with feeble, frequent pulse, and vomiting, obtuse vision and deafness. Little could be done for the general system, during this critical stage of the local parts. By means of copious, often-repeated, and long-continued ablutions of warm water, to the lower portion of the abdomen and perinæum, the urgent symptoms were always greatly alleviated, and at the end of six weeks the patient was restored to perfect health. As a consequence of the loss of all the bulbous portion of the urethra, and accelerator muscles, but little power remained of propelling his urine to a distance from his feet, and from this circumstance he thought himself unfit for matrimony. He soon changed his mind, however, and has now a large family of children. But while this case is given in order to show that position does not under all circumstances maintain the patient free of infiltration, with its distressing and dangerous consequences, it does not in any respect militate against its efficacy as applicable in general practice.

(To be continued.)

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#### MASS. MEDICAL SOCIETY REPORT ON CONSULTATIONS.

At a stated meeting of the Counsellors of the Massachusetts Medical Society, October 5th, 1836, the following report was read and accepted; and the committee on publications were directed to cause it to be published and distributed—

The Committee appointed at the stated meeting of the Counsellors, in May last, "to inquire and report whether any facts have come to their knowledge of the violation of the 8th By-Law, relating to consultations," &c. respectfully ask leave to report—

That, at the same meeting, a communication was received from a Fellow of the Society, charging ten individuals with a violation of this By-Law, and one with a violation of the 9th By-Law. This communication was referred to the same Committee; and the Recording Secretary, at the request of the Committee, immediately after the meeting, addressed a letter to the gentleman who brought forward the charges, informing him of the appointment of the Committee and of their readi-



ness to receive any evidence or facts of which he might be in possession, that would support the charges that he had advanced.

No reply, however, was made to this, and the Committee, after waiting several weeks, directed their chairman to make another application for the same purpose, which was accordingly done on the 8th of August. But no answer was received to this note till October 3d, and this was merely a repetition of the charges, with the names of the individuals, and of those of two or three not in the first letter. No evidence whatever was furnished.

The Committee cannot forbear the expression of their surprise that any Fellow of this Society should make charges of a grave character against other Fellows, and some of them, too, among the most respectable members of our institution, without being prepared to exhibit the proofs on which he grounded his accusations. The Committee did not feel that they had a right to call upon the individuals thus arraigned, as they were not in possession of the slightest evidence of their guilt; and even if they did not believe them innocent, though they certainly had no reason to think them otherwise, it would be a novel mode of conducting an investigation of this character, to call upon the accused to furnish evidence that might lead to their own conviction. The Committee would further remark, that one of the individuals thus accused, is not a Fellow of the Society, having withdrawn from it many years since, and that his name has been inadvertently continued on the list. They would also observe, that the Fellow who is charged with violating the 9th By-Law, by recommending a patent medicine, however widely he may have deviated from the spirit of the law, has not, as will be seen by referring to it, violated its letter.

And here the Committee might close their report by remarking, that "no facts have come to their knowledge, of the violation of the 8th By-Law," which require the animadversion of the Society; but before doing this they would respectfully invite the attention of the Counsellors to one or two points connected with this subject.

In the first place, then, they would remark, that there is a palpable difference in the conduct of those individuals, who, by accident, inadvertence, or from a belief that some good may be effected by it, have occasionally met and consulted with irregular practitioners, and the course of those, who, at all times, consult with such practitioners, knowing their true standing, and at the same time avow their determination of persisting in such practices.

It no doubt occasionally happens to a Fellow of this Society to be called to a patient, and to find on his arrival that he is in the charge of an irregular practitioner, to whom the physician is, perhaps, for the first time introduced. He may be unacquainted with his true standing, and the time may be too precious to be lost in inquiries on the subject; or, if he knows, the situation of the patient may be such, that, by refusing to act, and to act promptly, he would be justly liable to the charge of inhumanity.

Another case, and one where the course is still less doubtful, may occur. A Fellow of the Society may be called to meet a physician of good education, but who has perhaps so recently come into the State



that there has not been time for him to be licensed by the Censors, or who for some other cause is not in good standing with our institution. He may be ignorant of the laws and unacquainted with the method which he should adopt to obtain fellowship. It would be obviously unjust to class such an individual with ignorant and designing empirics; and the proper course for a member of our Society seems to your Committee, to be, to meet such a person, and to explain to him the nature of our institution, the object of its laws and the mode of admission, and thus induce him to attach himself to it, and in this way give additional efficiency to our rules.

Both of the supposed cases were more likely to happen formerly, when the Society was small and its influence inconsiderable, than at present; and much more likely to occur in the country, where the practitioners are remote from each other, than in the larger towns, where, from their proximity, the character and standing of every one must be known.

Though the Committee have made these suggestions to palliate occurrences of the kind alluded to, they are at the same time of opinion, that they should be avoided at all times, as far as possible, and they deem it to be the duty of every Fellow of the Society scrupulously to adhere to the spirit of its laws. They cannot persuade themselves that the cases which would justify a deviation from them can be of frequent occurrence.

The Committee would remark, in the second place, that there seems to be a misapprehension in the minds of some, as to the object of our laws relating to consultations. There are many who affect to think, and there are perhaps a few who actually believe, that these laws are made for the benefit of the profession, when, in truth, as the least reflection will show, their sole purpose is to promote the good of the community; to guard the public against ignorant, designing, and unprincipled pretenders. Medical men alone are competent to judge of the qualifications of the practitioners of the healing art, and it is their duty to point out a course of education to be pursued by those who intend to enter on this arduous and responsible calling. There surely can be no ground of complaint on the part of candidates for the medical profession, provided that it be neither difficult nor burdensome to comply with the requirements to enter it. Now it is notorious that this is not the case in this Commonwealth, and consequently there is nothing exclusive in the character of our regulations.

Having established then a course of education, and fixed the manner by which the parties are to give evidence that they have successfully pursued it, the profession are bound by the duty which they owe to their fellow citizens, to say to all who do not choose to pursue this course and give this evidence, that if they undertake to practise the healing art, they will hold no professional communion with them. We have then discharged our duty to the community, and if they employ such unlicensed persons, they do it on their own responsibility; no blame can rest on us.

The regulations of our Society, in relation to those who have been educated out of the State, are neither oppressive nor unreasonable, as they have sometimes been represented, but are on the contrary of the

most liberal character. They require only that such persons should give evidence of having gone through a course of study equal to that which is demanded by our own laws. The diplomas of all respectable institutions are received as evidence of this course, provided these institutions require as long a period of study before the examination is made, as is done here. It may not perhaps be necessary to require more than this, but less could not be demanded in justice to the public.

This, then, is all that our Society undertakes to do in relation to practitioners of medicine in this Commonwealth. In what consists the oppression? Where is the monopoly? What are the exclusive privileges we enjoy? We merely point out a course of medical study, which we deem it necessary for the welfare and safety of the community for every practitioner of medicine to pursue, and if he does not choose to give evidence that he has done this, we say that we will hold no professional intercourse with him. We do nothing more; and if he be not successful in his profession, the fault may be in him; it certainly is not with us.

Can we do less than this? Should we not be wanting in our duty to the public and ourselves if we neglected to do it? Would it be right, by consulting with such individuals, to declare to the world, as we certainly should do, that we believed them to be well educated? when, to say the least, we have no evidence of the fact. Who has a right to complain of our course? Not our fellow-citizens, for they can employ whom they please; and the practitioners, who will not conform to our rules as to a proper course of study, cannot blame us if we will not receive them as associates and fellow-laborers.

To deny us the privilege of determining with whom and on what terms we will hold professional intercourse, would be a gross violation of our rights, to which we ought not, and to which we never could submit. It is an interference with our personal concerns that cannot be tolerated.

The Committee deem it proper to remark, in conclusion, that the course which this Society has adopted in relation to consultations, seems to be fully authorized, if not actually contemplated by the Legislature in the act of incorporation passed in 1781. By this act, it will be perceived, that the President and Fellows, or such officers as they may appoint, are authorized to examine candidates for the practice of physic and surgery, as to their skill in their profession; and if the officers thus appointed shall refuse to examine any candidates who may offer themselves, each and every one of the examiners shall be subject to a fine of *one hundred pounds*, to be recovered by the candidate, for his own use, in any court in this Commonwealth. And in the same act, the following forcible language is used, showing very strikingly the sentiments of the Legislature on this subject: "It is clearly of importance that a just discrimination should be made between such as are duly educated, and perfectly qualified for the duties of their profession, and those who may ignorantly and wickedly administer medicine, whereby the health and lives of many valuable individuals may be endangered, or perhaps lost to the community."

It is believed that our Society will be ever anxious to make this dis-

crimination, and that the regulations formed for this purpose, having no private or personal object in view, will be complied with uniformly and with cheerfulness by all its members. If this be done in good faith, it cannot be doubted, that the public good will be essentially promoted, and that our Institution will be regarded with increased favor by the community. Which is respectfully submitted, by

GEO. HAYWARD,  
E. HALE, JR.  
EBNR. ALDEN, } Committee.

*Boston, Oct. 5th, 1836.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, OCTOBER 26, 1836.

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### COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

SINCE the death and burial of Rutgers's Medical College, of mushroom growth, the last notice of which was that the building would be sold at auction, the old school has pursued a steady and upright course. Two medical colleges have never flourished well, at the same time, in New York. In Philadelphia, by some combination of fortunate circumstances, not understood here at the north, they succeed wonderfully well, and for ought we know, maintain a friendly intercourse. Dr. Mott, in the chair of surgery and pathological anatomy, whose reputation has extended far and wide, will draw great classes to New York, as long as he holds a connection with the University. Dr. J. Augustine Smith, too, always has exerted, and while he is able to teach physiology always will exert, a powerful influence. Dr. J. B. Beck is an eloquent and unrivalled teacher of medical jurisprudence, whose reputation is a Corinthian pillar that would sustain even a tottering edifice. Dr. Delafield is another distinguished teacher. While these gentlemen are at the helm, New York will have a well-managed medical college. The lecture term commences on the first Monday in November, and continues four months. Cost of all the tickets, \$106—matriculation, \$5. The New York hospital offers every possible form of surgical practice, to which the student has access daily. There is also the Eye and Ear Infirmary, an appendage, as it were, of the hospital, thrown open, free of expense. Another season, a new and splendid edifice is to be erected.

But there is no need of going out of New England to study medicine. The college, hospital, and Eye and Ear Infirmary of Boston, are not surpassed by those in any of the neighboring cities. Each and all of these institutions, in the United States, are worthy of public confidence.

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### EYE INFIRMARY AT CANTON, CHINA.

DR. PARKER writes that up to November last, two hundred and forty patients had been received in the course of seventeen days. "I have ad-

mired," says this surgeon, "the fortitude of a female upon whom I have operated for a cataract. I stated to her distinctly her case in three particulars—that she could not see at present; that no medicine could cure her eyes; and that by the operation I proposed, there was a chance for her recovering her sight. This she understood, and wished to take her chance. When about to enter the needle into her eye, she was told that it would hurt some. She replied, 'I do not care, if I may recover my sight.' She neither groaned nor moved a muscle that I perceived, during the operation; and when it was over, she pressed my hand, and for a moment said nothing. I presently raised her eyelids, and she said, 'I see a little light,' which was all I expected or desired. Of 240 patients, ten have lost both eyes, and will never again behold the light of the sun; and five have lost one eye." On the 29th of November, a terrible fire broke out in the city of Canton, which rendered it necessary to move the medicines as well as patients of the Infirmary. Fourteen hundred buildings were consumed. The woman whose cure is here related was moved to a *sampan*, provided for her accommodation. The power of vision, however, daily increased. She said that the like of the surgeon had not been for 10,000 years, and that she expected, if she came on earth 2,000 years hence, she should bow to his statue. Dr. Parker also operated for cataract on one eye of a rich rice merchant, who had been nearly sightless eight months, and was perfectly successful. In his gratitude, he promises to have the doctor's picture executed on wood, and a writing placed by the side of it, that all men may know what has been done for him.

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*Sir William Blizard.*—Mr. Cook's short memoir of Sir William, delivered, however, one year ago, before the Hunterian Society, is quite an interesting pamphlet, even in this country. The name of the individual whose short biography is portrayed by Mr. Cook, was almost as familiarly known in America as in England. He lived to be over ninety years old. To the practitioners now on the stage, in the United Kingdom, he was a sort of medical bugbear, when examinations were held for college honors. He was the son of an auctioneer, at Barnes Elms, and born in 1743. In 1780, he was appointed to the London hospital; and with Dr. Maclaurin, established the first regular medical school in connection with such an institution, in 1785. Sir William first performed the operation of tying the superior thyroidal artery in bronchocele; he was also one of the first surgeons who secured the subclavian. The last operation he ever performed publicly, was in 1827, when *eighty-four years old!* Although he, in his day, enjoyed a pretty extensive reputation, his knowledge of books was very limited: in the course of a remarkably long practice, he had acquired an immense fund of clinical knowledge, notwithstanding the unwillingness of those of a younger generation to admit it. The late eminent and eccentric Mr. Abernethy was his pupil. Twice the subject of this notice was president of the College of Surgeons, and thrice had the honor of delivering the Hunterian oration. When he retired from the lectureship at the hospital, he presented the whole of a great anatomical and pathological collection, of about nine hundred specimens, to the college. Sir William, in the ripeness of age, detested those new-fangled innovations, which are gilded over with the word *reform*; things, to his view, were well enough as they were. His benevolence was active, and continually displayed in charities to the poor. Once, he

became a lieutenant colonel of the London Volunteers. In prison improvements and police regulations and reforms, he was much and deeply interested. It should be recorded that he was a firm and humble believer in the superintendence of a Supreme Being. At the great age of ninety-one, he was operated upon for cataract, by Mr. Lawrence, with success, which the old gentleman commemorated by the composition of an ode.

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*Chlorine Gas for the cure of Hydrocele.*—Dr. Deblois, says the Medical Review, was in the habit of curing this disease by injecting chlorine gas instead of red wine. The process was as follows: the gas was contained in a bladder, to which was fixed a pipe and stopcock, adapted to the canula of the trochar, into which it was fitted after draining off the fluid. The stopcock was then turned, and the bladder compressed by the hands, to force its contents into the tunica vaginalis. When this was distended, the apparatus was removed and the thumb placed over the mouth of the trochar, to prevent the escape of the gas, for the time of two minutes. It was then allowed to go, and two or three repetitions of the operation were considered sufficient for the cure. That there are peculiar advantages from this practice, over the old process, seems very certain. "They are," says a commentator, "the simplicity of the apparatus, and the whole sac being equally distended and exposed to the contact of the gas, which is not the case with fluid injections, which always gravitate. The danger, also, which sometimes occurs from the fluid being forced into the cellular tissue of the scrotum, is avoided." This is certainly worth the attention of surgeons: in theory it appears unobjectionable.

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*Worms in the Air Passages.*—Of late, it has been ascertained that death has been produced in repeated instances by lumbrici which had worked their way from the stomach up through the œsophagus, and from the top of the pharynx threaded their way down through the larynx into the trachea. It is quite probable that many small children have been suffocated in this way, and the true cause never even suspected. Examinations, as they are ordinarily conducted, would hardly ever lead the physician to explore the trachea, unless there was reason for believing it the seat of disease; and the idea of finding worms lodged there, would scarcely ever be entertained, were the fact not placed beyond a doubt. It has been suggested that the stethoscope would be an excellent guide in determining the presence of a worm in the bronchial tubes. Diminution of the respiratory murmur, particularly in the right lung, would render the diagnosis more certain. Should it be satisfactorily ascertained that one was there, presuming it could be no other foreign body, tracheotomy would be the only hope, and should be immediately performed.

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*Nursery Exercises in Africa.*—Mr. Whitehurst, in his journal kept on an embassy to the native kings, in the interior, beyond Liberia, records that it is a matter of astonishment to him, from the manner of stuffing their infants with food and water, that deaths are not more frequent. The child is placed in the mother's lap, and soft boiled rice forced down its throat until it becomes passive from repletion. Indeed, respiration is so long suspended that the mother frequently inflates the lungs by blowing into the mouth. After this gorging takes place, the little animal is

well greased with palm oil, and then placed on a mat in the sun to sleep; and when it awakes, a repetition of these strange processes takes place.

Mr. Whitehurst saw a white negress, on one of his jaunts to the interior country, beating rice at a mortar. She was about eighteen years of age, of an admirable figure. On her back were a few black spots, but her eyesight was less perfect than albinos in general. She did not appear conscious of any impropriety in being gazed at with intense curiosity by the traveller and his companions, although in a complete state of nudity.

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*Nerves of Fishes.*—In the *Squalus maximus* (says the reviewer of Mr. Swan, on the nervous system), one of the highest of the cartilaginous fishes, there are indeed some very slight enlargements upon the posterior roots of the nerves; but these, in some instances, are so indistinct as to lead us to doubt whether they ought really to be considered ganglia. We know of no class of vertebrated animals, beside fishes, in which the ganglia of the posterior roots are wanting; and hence it becomes difficult to understand why in this class, alone, they are absent. The spinal nerves of the cod prove that the anterior bundles are not for exciting one set of muscles, and the posterior their antagonists, thus negatively confirming the already fully established views of Bell, Magendie and some others, that the two sets are, one for motion and the other for sensation.

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*Naval Surgeons.*—A Board of examination composed of Naval Surgeons is directed to convene in the city of Washington on the first of November next.

The Board will consist of Drs. Thomas Harris, Wm. Turk, Samuel Jackson, Thomas Williamson, and M. Morgan, and it is convened for the purpose of examining Assistant Surgeons for promotion.

Assistant Surgeons whose commissions bear date anterior to the 1st of January, 1833, who have served two years at sea, have permission to present themselves to the Board, and are required to report at the time and place above mentioned, to Dr. Harris, President of the Board.

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*Medical Miscellany.*—Dr. Abraham Wendall, who has been located a considerable time in the city of Píera, South America, has been obliged to flee in consequence of having been detected in coining money. The ship George and Mary, of Edgartown, has been involved in difficulty, by ignorantly carrying out the press and dies from this country. C. Higginson, Esq. of Payta, cautions whalers "not to allow any more doctors to come out in whaleships."—The operation for cataract on the Duke of Sussex's eyes, has been successful.—Dr. Palmer, stipendiary magistrate of Jamaica, was recently removed, and as speedily re-instated, by Lord Glenelg, which has made considerable disturbance.—The cholera is beginning to rage violently at Prague.—A man was killed by lightning in Michigan, whose bowels were torn out, and every bone in his body broken; the case is without a parallel in medical history.—Much sickness prevailed among the troops at Fort Heileman, Florida. Sept. 27th, says a private letter, only one hundred and fifty men, out of eleven companies, were able to perform duty.—The use of saltpetre is strongly recommended, both internally and externally, in all cases of the bite of a

rattlesnake.—Dr. Henry, the well-known author of Henry's Chemistry, whose death is announced, committed suicide. He shot himself in the chapel of his residence at Pendlebury. His nervousness has been continually increasing ever since his return from the meeting of the British Scientific Association, and he must therefore be regarded as having been insane.—A national custom, of immemorial date, exists in the Burman empire, of dislocating the elbows of females, in their infancy, in such a manner as to present the inside of the fore arm turned outwardly.—Dr. William Johnson has gone out surgeon, and H. N. Glentworth assistant, in the U. S. sloop of war Boston.—Dr. Birbeck, the English lecturer on chemistry and mechanics, has discovered a method of making India rubber candles.—Dr. J. P. Alden recently extracted a needle from a man's thigh, which is supposed to have been there ever since his infancy, nearly sixty years.—The cholera has ceased to alarm the citizens of Charleston.—Animal Magnetism is becoming quite a convenient agent at Cambridge.—Medical lectures commence in Boston on the first Wednesday of November, and continue three months.—Havana is now distinguished for its excellent health: the last summer a little cholera was manifest on some of the plantations, but no great alarm was excited.—Dr. Yates, of New York, cures all stammerers.—Dr. David M. Reese has published an essay in reply to Dr. Brigham's "Observations on the influence of religion upon the health and physical welfare of mankind."—The cholera is represented to be terrible at Trieste.—Arrived from Europe, Dr. Bethune, of Boston.—Dr. Lewis has published a very severe communication in the Boston papers, addressed to Drs. Hayward, Hale, and Alden, a Committee of the Counsellors of the Medical Society, touching their report contained in this week's Journal. "When doctors disagree," &c.—The late John Lowell, who died at Bombay, has left half his fortune of half a million dollars, for the establishment of popular scientific lectures in Boston.

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*Erratum.*—On page 171, last No., line 1st, insert 3.

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DIED.—In Washington, D. C. Dr. Joseph Lovell, Surgeon General of the U. S. Army.—At Lyme, N. H. Dr. R. N. Lambert, of Bangor, aged 37—being on a visit.—At Canterbury, Con. Charles T. Morse, M.D. 31.—At New York, Peter Shannon, M.D. 36.—In De Ruyter, N. Y. Dr. Ruggles Carpenter, aged 70.

Whole number of deaths in Boston for the week ending October 22, 40. Males, 18—females, 22.

Teething, 2—typhous fever, 6—consumption, 8—worms, 1—prolapsus ani, 1—lung fever, 4—bowel complaint, 2—dropsy, 1—dysentery, 1—liver complaint, 1—convulsions, 1—throat distemper, 1—cholera morbus, 1—infantile, 1—pleurisy, 1—disease of the kidneys, 1—canker, 1—worm fever, 1—disease of the heart, 1—disease of the lungs, 1—paralytic, 1—stillborn, 3.

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#### MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction, and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica	- - -	DR. WARE.
On the Principles and Practice of Surgery	- - -	DR. OTIS.
On Anatomy	- - -	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are \$100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

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WALTER CHANNING,  
JOHN WARE,  
GEORGE W. OTIS, JR.  
WINSLOW LEWIS, JR.

Jan 20—lyep



## WILLOUGHBY MED. COLLEGE.

(Willoughby University of Lake Erie, Ohio.)

THE Lectures at this Institution will commence on Monday, the first of November next.

AMASA FLOWERIDGE, M.D. Professor of Surgery and Medical Jurisprudence.

DANIEL L. M. PRIXOTTO, M.D. Professor of Theory and Practice of Physic, and of Obstetrics and diseases of children.

J. LANG CASSELS, M.D. Professor of Chemistry.

H. A. ACKLEY, M.D. Professor of Anatomy and Physiology.

WM. M. SMITH, M.D. Professor of Materia Medica.

The price of Tickets for all the Lectures, - - - - - \$55

Graduation Fee and Diploma, - - - - - 15

Matriculation and Library Ticket, - - - - - 5

The College buildings will be ready for the accommodation of students, and the Chemical and Anatomical rooms provided with ample apparatus and demonstrations.

Boarding at Willoughby, from \$1 50 to \$2 50 per week.

Oct. 19.

## MEDICAL INSTITUTION OF YALE COLLEGE.

THE course of Medical Instruction, in Yale College, begins on Thursday, Nov. 3d, 1836, and continues seventeen weeks. There are at least five lectures daily through the term, and a part of the time six. The several branches are taught as follows, viz.

Principles and Practice of Surgery, by THOMAS HUBBARD, M.D.

Theory and Practice of Medicine, by ELI IVES, M.D.

Chemistry and Pharmacy, by BENJAMIN SILLIMAN, M.D. and LL.D.

Materia Medica and Therapeutics, by WILLIAM TULLY, M.D.

Anatomy and Physiology, by JONATHAN KNIGHT, M.D.

Obstetrics, by TIMOTHY F. BEERS, M.D.

The several courses in all the departments are full and complete, and the means of illustration ample.

The matriculation fee and contingent bill are \$7.50; the fees for Chemistry, Anatomy, Surgery, Materia Medica, and Theory and Practice, are \$12.50 each, and for Obstetrics, \$6—amounting to \$76—the whole to be paid in advance. The graduation fee is \$15.

All the necessary expenses of living in New Haven during the winter are from \$2 to \$4 a week, according to the accommodations required.

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Yale College, Sept. 1, 1836.

## HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin at the Massachusetts Medical College in Mason Street, Boston, the first Wednesday in November next, at 1-4 before 9 A. M. and will continue three months. For one month after the end of the course Lectures will be delivered in the College, and the Dissecting Room will be open to such Students as may remain, without additional fee. Such Students may also attend the Practice of the Massachusetts General Hospital.

Anatomy and Operations in Surgery, - - - - -

Chemistry, - - - - -

Materia Medica, - - - - -

Midwifery and Medical Jurisprudence, - - - - -

Principles of Surgery and Clinical Surgery, - - - - -

Theory and Practice of Physic, - - - - -

Clinical Lectures will be delivered as usual on the cases in the Massachusetts General Hospital.

*New Dissecting Room.*—A new Dissecting Room is now building, and will be finished before the Lectures begin. It will occupy all the vacant land at the East of the Medical College. Every care is taking to make this important part of the Medical School as perfect as possible, so that it may furnish to the Student ample facilities for prosecuting his Anatomical studies. The legal enactments of the State, so liberally and so wisely framed, will be faithfully and thoroughly applied to the accomplishment of their important objects.

July, 1836.

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DR. WARREN.

DR. WEBSTER.

DR. BIGELOW.

DR. CHANNING.

DR. HAYWARD.

DR. WARE.

WALTER CHANNING, Dean.

## PROLAPSUS UTERI CURED BY EXTERNAL APPLICATION.

DR. A. G. HULL'S UTERO-ABDOMINAL SUPPORTER is offered to those afflicted with *Prolapsus Uteri*, and other diseases depending upon relaxation of the abdominal muscles, as an instrument in every way calculated for relief and permanent restoration to health. When this instrument is carefully and properly fitted to the form of the patient, it invariably affords the most immediate immunity from the distressing "dragging and bearing down" sensations which accompany nearly all visceral displacements of the abdomen, and its skilful application is always followed by an early confession of radical relief from the patient herself. The Supporter is of simple construction, and can be applied by the patient without further aid. Within the last two years 700 of the Utero Abdominal Supporters have been applied with the most happy results.

The very great success which this instrument has met, warrants the assertion, that its examination by the Physician will induce him to discard the disgusting pessary hitherto in use. It is gratifying to state, that it has met the decided approbation of every member of the Medical Faculty who has applied it, as well as every patient who has worn it.

The Subscribers having been appointed agents for the sale of the above instruments, all orders addressed to them will be promptly attended to.

LOWE & REED, Boston; DAVID KIMBALL, Portsmouth, N. H.; JOSHUA DURGIN, Portland, Me.; JOSEPH BALCH, JR. Providence, R. I.; ELISHA EDWARDS, Springfield, Mass.; N. S. WORDEN, Bridgeport, Conn.

Oct. 5—6m

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